

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Union Oil Company of California  
 ADDRESS Attn: John Zager  
 P.O. Box 196247  
 Anchorage, AK 99519-6247  
 FACILITY Trading Bay Production Facility  
 LOCATION Cook Inlet, Alaska

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

(2-16)  
 AKG-31-5002  
 PERMIT NUMBER

(17-19)  
 015  
 DISCHARGE NUMBER

MONITORING PERIOD				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
08	07	01		08	07	31	

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31) NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (54-57)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-57)	UNITS	AVERAGE (46-53)	MAXIMUM (54-57)	UNITS			
015 Produced Water Flow Rate*	MEASUREMENT PERMIT REQUIREMENT	4.263270	4.478964	MGD					Weekly	Estimate
015 Produced Water Produced Sand	MEASUREMENT PERMIT REQUIREMENT					No Discharge			Weekly	Estimate
015 Produced Water pH**	MEASUREMENT PERMIT REQUIREMENT				7	8	su		4 / Month	Grab
015 Flow Rate > 1 mgd	MEASUREMENT PERMIT REQUIREMENT				6	9	su		Weekly	Grab
015 Produced Water Oil and Grease***	MEASUREMENT PERMIT REQUIREMENT				16	18	mg/l		Weekly	Grab Average
015 Produced Water Copper	MEASUREMENT PERMIT REQUIREMENT				29	42	mg/l		Weekly	Grab Average
015 Produced Water Manganese	MEASUREMENT PERMIT REQUIREMENT				7	7	ug/l		Monthly	Grab
015 Produced Water Mercury	MEASUREMENT PERMIT REQUIREMENT				2	2	mg/l		Monthly	Grab
015 Produced Water Silver	MEASUREMENT PERMIT REQUIREMENT				25	50	mg/l		Monthly	Grab
015 Produced Water Zinc	MEASUREMENT PERMIT REQUIREMENT				0.2	0.2	ug/l		Monthly	Grab
015 Produced Water	MEASUREMENT PERMIT REQUIREMENT				0.6	1.0	ug/l		Monthly	Grab
015 Produced Water	MEASUREMENT PERMIT REQUIREMENT				1	1	ug/l		Monthly	Grab
015 Produced Water	MEASUREMENT PERMIT REQUIREMENT				23	47	ug/l		Monthly	Grab
015 Produced Water	MEASUREMENT PERMIT REQUIREMENT				0.005	0.005	mg/l		Monthly	Grab
015 Produced Water	MEASUREMENT PERMIT REQUIREMENT				0.9	1.9	mg/l		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Zager  
 General Manager  
 Mid Continent/Alaska Business Unit

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Date A. Haines  
 SIGNATURE OF  
 PRINCIPAL EXECUTIVE OFFICER  
 OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DA  
 (907) 276-7600 08 08 20

See Trading Bay Production Facility Page 3 of 3 for comments.

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AKG-31-5002  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR 08 MO 07 DAY 01 TO YEAR 08 MO 07 DAY 31  
 DISCHARGE NUMBER  
 015

OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (54-61)		QUALITY OR CONCENTRATION (46-53)		QUALITY OR CONCENTRATION (54-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				UNITS
015 Produced Water	MEASUREMENT					9	9			Monthly	Grab
TAH	PERMIT					18	27			Monthly	Grab
015 Produced Water	SAMPLE					9	9			Monthly	Grab
TAQH	PERMIT					Report	Report			Monthly	Grab
015 Produced Water	SAMPLE					0.10	0.10			Quarterly	Grab
Total Ammonia	PERMIT					Report	Report			Quarterly	Grab
015 Produced Water	SAMPLE					No Sample	No Sample			Quarterly	Grab
Whole Effluent Toxicity	PERMIT					283	568			Quarterly	Grab
Mytilus sp. *	SAMPLE					No Sample	No Sample			Annually	Grab
015 Produced Water	MEASUREMENT					283	568			Annually	Grab
Whole Effluent Toxicity	PERMIT					No Sample	No Sample			Annually	Grab
Dendroica excrucians	SAMPLE					283	568			Annually	Grab
015 Produced Water	MEASUREMENT					No Sample	No Sample			Annually	Grab
Whole Effluent Toxicity	PERMIT					283	568			Annually	Grab
Mentha beryllina	REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John Zager General Manager Mid Continent/Alaska Business Unit I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Date A. Haines SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA CODE NUMBER YEAR MO DA (907) 276-7600 08 08 20 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *Identified as the most sensitive species.											

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AKG-31-5002  
PERMIT NUMBER

(17-19)  
015  
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MONITORING PERIOD

YEAR MO DAY  
08 07 01

TO YEAR MO DAY  
08 07 31

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COMMENTS PAGE 3 OF 3

\* Flow rates include deck drainage from Dolly Varden, Grayling, King Salmon, Monopod, and Steelhead Platforms.  
Estimated workover fluid flow rate:  
0.026124 MGD  
Estimated completion fluid flow rate:  
0.028770 MGD

\*\* Frequency of pH measurement has been increased to more closely monitor water quality.

\*\*\* Per Permit instructions weekly samples consist of an average of 4 grab samples over a 24 hour period.

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General Manager  
Mid Continent/Alaska Business Unit

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SIGNATURE OF  
PRINCIPAL EXECUTIVE OFFICER  
OR AUTHORIZED AGENT  
Date A. Haines

TELEPHONE DATE  
(907) 276-7600 08 08 20  
AREA NUMBER YEAR MO DA  
CODE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)